

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. *57160008* FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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18						
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20						
21						
22						
23						
24						
25						
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	12					
TOTAL CLAIMS	19					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						